

TELEPHONE (312) 258-5500

**SCHIFF HARDIN LLP**

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

GROUP ART UNIT: 32173

2173  
41



IN RE APPLICATION OF:

Jessica Malmberg

SERIAL NO.:

09/919,105

EXAMINER: Dennis G. Bonshock

FILED:

July 31, 2001

CONFIRMATION NO.: 3462

TITLE: "USER INTERFACE FOR A MEDICAL DISPLAY DEVICE"  
AMENDMENT "A"

**RECEIVED**

JUL 07 2004

Technology Center 2100

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*	MINUS		X	( ) X 9.00 ( ) X 18.00	
INDEP. CLAIMS	*	MINUS		X	( ) X 43.00 ( ) X 86.00	
Application amended to contain any multiple dependent claims not previously paid for.				( ) YES ( ) NO	( ) \$145.00 ( ) \$290.00 ONE TIME	
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT		\$0.00

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated \_\_\_\_\_ for \_\_\_\_\_ months so that the period for response is extended to \_\_\_\_\_. A check in the amount of \$\_\_\_\_\_ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$\_\_\_\_\_ is attached.

☐ A check for \$\_\_\_\_\_ accompanying IDS under 37 CFR 1.97(c) is attached

☐ A check for \$\_\_\_\_\_ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN LLP (Customer Number: 26574)

Patent Department

BY

*Melvin A. Robinson*

(31,870)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on June 28, 2004.

Melvin A. Robinson

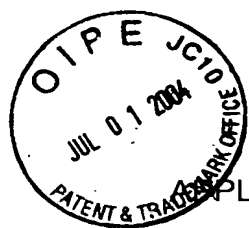
NAME OF APPLICANT'S ATTORNEY

*Melvin A. Robinson*

SIGNATURE

June 28, 2004

DATE



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT "A"

APPLICANTS: Jessica Malmberg      GROUP ART UNIT: 2173  
SERIAL NO.: 09/919,105      EXAMINER: Dennis G. Bonshock  
FILED: July 31, 2001      CONFIRMATION NO.: 3462  
TITLE: "USER INTERFACE FOR A MEDICAL DISPLAY DEVICE"

**MAIL STOP NON-FEE AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

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S I R:

In response to the Office Action dated April 2, 2004, Applicant herewith amends the application as follows.